

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>2434</u>  | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>  |
| 3. Name and address of person filing.<br>Name <u>Robert</u> <u>Oakley</u><br>P.O. Box, Bldg., Room No., if any _____<br>Street <u>8112 Ferndale St. 1st Floor</u><br>City <u>Philadelphia</u><br>State <u>Pennsylvania</u> ZIP Code + 4 <u>19111-2329</u> | 4. Name, file number, and address of labor organization.<br>Name <u>BCTGM INTERNATIONAL UNION</u><br>Labor Organization File Number <u>000315</u><br>P.O. Box, Building and Room Number, if any _____<br>Street <u>10401 CONNECTICUT AVENUE</u><br>City <u>KENSINGTON</u><br>State <u>MARYLAND</u> ZIP Code + 4 <u>20895-3961</u> |
| 5. Position in labor organization. <u>Regional Vice President</u>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

|   |  |
|---|--|
| 6. Name and address of Employer (including trade name, if any).<br>Name _____<br>Trade Name, if any: _____<br>P.O. Box, Bldg., Room No., if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income.<br>_____<br>7.b. Amount.<br>_____ |
|---|--|

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Oakley

On

7-2-05

Date

(215) 742-0809

Telephone Number

Name of Person Filing  
(Name)

Robert OAKLEY

File Number U-

2434

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name B+C TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10401 CONNECTICUT AVENUE

City KENSINGTON

State MARYLAND

ZIP Code + 4 20895-3960

14.a. Nature of payment.

2 Group (Trustees') Meeting Dinners  
June 2004 93.50  
December 2004 185.77

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$279.27